

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34910

1. PLACE OF DEATH

County

Registration District No. **701**

Township

Primary Registration District No. **1078**

City **St. Louis, Mo.** (No. **St. Anthony's Hosp**)

File No.

Registered No. **9089**

St. Ward)

2. FULL NAME

(a) Residence, No. **6105 Alabama St.** / Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Margaret Sullivan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 86

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired 10 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Sanitor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ireland

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Mrs. M. Sullivan 6105 Alabama

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Mt. Olive**

DATE **Oct. 21, 1933**

19. UNDERTAKER (ADDRESS)

Southern Ind Co 220 S. Grand

20. FILED **21-1933**, 19

J. F. Bredeck

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from **10-17-**, 1933, to **10-19-**, 1933.

I last saw him alive on **10-19-**, 1933. Death is said to have occurred on the date stated above, at **647 P.**

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

107A 162

Other contributory causes of importance:

Chronic myocarditis Senility

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? **N. O.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **D. S. Smith**, M. D.

(Address) **6006 Virginia Ave.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. D. W. Pratt
600 N. 1st